

PLEASE TYPE/PRINT OR PRINT (BLACK INK) DO NOT ERASE, DILATE OUT, OR CROSS OVER.

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|---|--|-------------------|--|---------------------------------------|
| Massachusetts Registry of Motor Vehicles RMV-1 Application Form 617-351-4500 | | 105 | 3. Number of Documents <input checked="" type="checkbox"/> RO (Registration Only) <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title / <input type="checkbox"/> SW (Summer/Winter Swap) | 4. Transfer Registration Change |
| Registration/Vehicle Information | | 5. Plate Type PAW | 6. Registration Number 78 VP11 | 7. Previous Title # A288015J |

9. Type of Registration: Passenger Bus Taxi Livery Commercial
 Trailer Auto Hauler Semi-Trailer Motorcycle Other

10. Vehicle Identification Number:

WVWMA63B8XES511

11. Year 99 12. Make Volk 13. Model Name Passat 14. Model # 615 15. Body Style St. Wagon 16. Circle Color(s) of Vehicle 0-Orange 1-Black 2-Blue 3-Brown
4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple

17. # of Cy 4
18. Transmission Automatic Manual 19. Total Gross Weight (Laden) 20. Motor Power Gasoline Diesel
 Electric Other 21. Bus: Regular DPU Livery Taxi School Pupil
If carrying passengers for hire, max no of passengers that can be seated
If school bus, is it used exclusively for city, town, or school district? Y

22. Owner 1 License #/State 012808431 23. Owner 2 License #/State 24. EIN/FID # (see block 29)

25. Owner 1 Name (Last, First, Middle) Green, Delbert T.

26. Owner 1 Date of Birth 5-9-82

27. Owner 2 Name (Last, First, Middle)

28. Owner 2 Date of Birth

29. Corp/Co/Organization Name (see block 24)

30. City/Town Where Vehicle is Located New Bedford

31. Mailing Address

City

State

Zip Code 02746

32. Residential Address

545 Cottage St. New Bedford Ma. 02746

33. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee

34. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee

Signatures

I/we the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The undersigned hereby further certify that all information contained in this application is true and correct to the best of their knowledge and belief. False statements are punishable by fine, imprisonment or both.

15. Signature of Owner From Block 25 or 29. Also Print Name If Different

6. Signature of 2nd Owner From Block 27. Also Print Name If Different

7. Authorized Dealer's Signature

38. Dealer Reg No.

9. Seller's Name (Please Print)

Angel L. Quinones

0. Seller's Address

41 Scott St. New Bedford Ma. 02746

Insurance Certification

THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREINBEFORE NAMED WITH RESPECT TO THE MOTOR VEHICLE HEREINBEFORE DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 176.

41A. Policy Effective Date: 2-13-04

Policy Change Date:

41B. Manual Class: 41C. Ins. Company & Code:

Met P&C Agency Inc. ERP3705

Insurance Co.'s Authorized Representative's Signature

Title Data

42. Date of Purchase

3-13-04

43. Odometer Reading

47,500

4. New Vehicle Used Vehicle

If new vehicle, certificate of origin must be submitted

5. Title Type: Clear Salvage Reconstruct Owner Retained Theft Prior Owner Retained

6. Primary Salvage Title Brands:

 Repairable Parts Only

47. Secondary Salvage Brand

Lienholder Information

We certify that all liens on this vehicle are listed below

0. First Lienholder Code 51. Name

2. Lien Address

48. Date of 1st Lien

49. Date of 2nd Lien

Sales or Use Tax Schedule

56 A. SALE BY LICENSED MOTOR VEHICLE

DEALER EIN/FID NUMBER

Total Sales Price

(adjusted for dealer's discount and manufacturer's rebate)

Less Manufacturer's Excise (on commercial vehicle over 10,000 lbs.)

Net Sales Price

Less Trade-in Allowance For:

Yr. _____ Make _____

VIN No. Required on Trade-in

Taxable Sales Price

5% Sales Tax

B. SALES BY OTHER THAN MOTOR VEHICLE

Gross Sales Price

5% Use Tax (Bill of Sale Must Be Shown)

C. CLAIM EXEMPTION FROM TAX

1. Exempt Organization Certificate Number

2. See Attached Form 3. Other

Fee Information

57. Reg: _____ Title: _____

TOTAL \$: _____ Clerk ID: _____

 Cash Check Credit Card

Batch No: _____

Clock Initials: _____

Transfer
Registration
Change

ORIGINAL